



Board of Pharmacy  
PO Box 1099  
Olympia WA 98507-1099  
(360) 236-4830

## OUT OF STATE DRUG WHOLESALE DISTRIBUTOR LICENSE APPLICATION

***Check the licenses or registrations which correspond to your proposed business activities.***

**Applying for:**    ☐ Drug Wholesaler (Prescription Drugs) \$540.00  
                         ☐ Controlled Substances Wholesaler \$105.00  
                         ☐ Legend Drug Sample Distributor (Complete attached forms if applicable) \$330.00

**This is for:**        ☐ New Location    ☐ Change of Location    ☐ Change of Ownership

**The Type of Ownership is :**            ☐ Corporation    ☐ Partnership    ☐ Sole Proprietor

NAME AND STATE OF CORPORATION AND PARENT COMPANY, IF ANY, PARTNERSHIP OR PROPRIETOR			STATE
OTHER TRADE OR BUSINESS NAMES OF LICENSEE			
FIRM NAME			
LICENSEE ADDRESS (STREET OR BOX NUMBER)	CITY	STATE	ZIP
LOCATION OF BUSINESS (STREET OR BOX NUMBER)	CITY	STATE	ZIP
DEA	CORPORATE NUMBER		
OWNER'S TELEPHONE	FACILITY'S TELEPHONE	FAX	
CONTACT PERSON			
List name, address and title of corporate officers, partners or owner(s).			
NAME	ADDRESS	TITLE	
PREVIOUS OWNER'S NAME (IF CHANGE OF OWNERSHIP)			
PREVIOUS NAME OF BUSINESS			
DATE OF CHANGE OF OWNERSHIP	DATE OF LAST STATE INSPECTION	OTHER STATES OF LICENSURE	

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Certification	
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SIGNATURE OF APPLICANT

Notary Signature \_\_\_\_\_

For the state of \_\_\_\_\_

My Commission Expires